

## PART B - FEE(S) TRANSMITTAL

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27885

7590

04/07/2009

Fay Sharpe LLP  
 1228 Euclid Avenue, 5th Floor  
 The Halle Building  
 Cleveland, OH 44115

## Certificate of Transmittal

I hereby certify that this Fee(s) Transmittal is being transmitted electronically to the mail stop ISSUE FEE address above on the date indicated below via EFS-Web.

Kathleen A. Nimrichter

(Depositor's name)

Kathleen A. Nimrichter

July 6, 2009

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/536,614

01/19/2006

Edgar Bosck

ZHHZ 2 00021

2270

TITLE OF INVENTION: METHOD AND DEVICE FOR COOLING CIRCULATING AIR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1510

\$300

\$0

\$1810

07/07/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
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BUSHEY, CHARLES S

1797

261-152000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB-17, Rev. 01/02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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1 Fay Sharpe LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

Hovalwerk AG

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Vaduz, Liechtenstein

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

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- ☐ A check is enclosed.  
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☒ The Director is hereby authorized to charge the requested fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0308 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Jay F. Moldovanyi

Date July 6, 2009

Typed or printed name

Jay F. Moldovanyi

Registration No. 29,678

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